Massachusetts Strategic Plan for Suicide Prevention

This plan was developed in 2002 by members of the Suicide Prevention Working Group of the Massachusetts Violence Prevention Task Force.
In May of 2003 the Working Group changed its name to the Massachusetts Coalition for Suicide Prevention.

For more information on the Massachusetts Coalition for Suicide Prevention please contact:

Ramya Sundararaman, MD, MPH, Co-Chair, Massachusetts Coalition for Suicide Prevention
Suicide Prevention Resource Center
55 Chapel Street
Newton, MA 02458
(617)-618-2793

Roberta Hurtig, Co-Chair, Massachusetts Coalition for Suicide Prevention
Executive Director, Samaritans of Boston
654 Beacon Street, 6th Floor
Boston, MA 02215
(617)-536-2460

If you would like a complete copy of the Plan, you may access it at http//www.violenceprevention.com/events.htm or call Cindy Rodgers, Injury Prevention and Control Program, Massachusetts Department of Public Health, at (617) 624-5413 or Cindy.Rodgers@state.ma.us.

Massachusetts Strategic Plan for Suicide Prevention

Preface

Suicide is the eleventh leading cause of death in the United States, resulting in approximately 30,000 deaths per year.[1] Suicide exacts a significant toll on the lives of the citizens of Massachusetts. Our Commonwealth loses between 400 and 500 lives to suicide each year.[2] The resulting suffering, trauma, and loss devastate the lives of family members, friends and co-workers.

The Massachusetts Strategic Plan for Suicide Prevention was developed in response to the *Call to Action to Prevent Suicide* issued by Surgeon General David Satcher in July 1999. The Massachusetts Suicide Prevention Working Group, representing numerous disciplines, worked together to develop this Plan to guide and coordinate our statewide efforts. The Plan creates a framework for our state's strategy to confront this serious public health issue. The goals and objectives are reflective of the recommendations outlined in the National Strategy for Suicide Prevention[3] in a manner that makes this Plan appropriate for our state. It represents the combined work of over 50 suicide prevention experts, advocates, clinicians, researchers, legislators and survivors.

The development of goals, objectives and strategies is the first step in formulating a plan of action to meet the challenge of preventing suicide. Massachusetts is one of only a few states whose Plan addresses the problem across the life span.

The Massachusetts Strategic Plan for Suicide Prevention is designed to encourage groups and individuals to work together. Crucial to the future success of the effort is the development of broad-based support for suicide prevention. Collaboration across a wide spectrum of agencies, institutions and groups, from mental health and other health care agencies to schools to faith-based organizations, is a way to ensure that suicide prevention efforts are comprehensive.

To better reflect the new responsibility of the Suicide Prevention Working Group to implement this Plan, the group changed its name to the Massachusetts Coalition for Suicide Prevention. The coalition hopes that communities will take the next steps to assess and plan for preventing suicide at the local level. The Plan is intended to be a work in progress with regular revisions to best address the challenge of preventing suicide in Massachusetts. We welcome comments and suggestions that would make this Plan more effective.

[1] National Center for Injury Prevention and Control, Center for Disease Control
[2] Vital Registry of Records and Statistics, MA Department of Public Health
[3] National Strategy For Suicide Prevention: Goals and Objectives For Action, U.S.Department of Health and Human Services, Public Health Service, 2001

Massachusetts Strategic Plan for Suicide Prevention
Summary

The Massachusetts Strategic Plan for Suicide Prevention targets eleven goals, and includes: the rationale for the goals, the objectives, and the suggested strategies to implement the goals, which include some or all of these components: policy, education, direct services, engineering/environmental, community organizing and resources. Many of these objectives can only be implemented over time and have significant fiscal implications. However, there are some that can be implemented immediately and without the need for new or enhanced resources.

The Goals of the Massachusetts Strategic Plan for Suicide Prevention are:

1. Improve and expand the Massachusetts suicide surveillance system;

2. Promote awareness that suicide is a preventable public health problem;

3. Develop broad-based support for suicide prevention;

4. Develop and implement strategies to reduce the stigma associated with suicide and with being a consumer of mental health, substance abuse, and suicide prevention services;

5. Develop and implement community-based suicide prevention programs

6. Reduce access to lethal means and methods of self-harm;

7. Implement professional training programs in recognizing and treating suicidal behavior for those who are in regular contact with persons at risk;

8. Develop and promote effective clinical practices to reduce suicide morbidity and mortality;

9. Improve access to and community linkages with mental health and substance abuse services;

10. Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media;

11. Promote and support research and evaluation of suicide and suicide prevention programs.

Massachusetts Strategic Plan for Suicide Prevention

Goal # 1 Improve and expand the Massachusetts suicide surveillance system

Rationale

Suicide surveillance is the systematic collection, analysis, interpretation and dissemination of suicide data on an on-going basis, to gain knowledge of the pattern of suicide occurrence and potential across the state, in order to prevent suicide. Surveillance of suicide includes information on suicide mortality and morbidity resulting from suicidal behavior. Existing surveillance systems provide only a partial picture of suicide and self-harm in the Commonwealth.

In Massachusetts, information on suicide mortality – suicide deaths – are obtained from Vital Statistics, coded by medical examiners on death certificates. Lacking clear information related to intentionality, medical examiners might code the death as substance abuse or motor vehicle-related, or as undetermined or unintentional. Pressure from loved ones and historical stigma against suicide may also influence how a death is coded. Therefore, nationally it is estimated that suicide deaths are under-reported by 20-30%.

Suicidal morbidity or data on suicide attempts or ideation are harder to capture. Self-inflicted injuries that result in an admission to an acute care hospital are available from the Massachusetts Hospital Discharge Data Set, and a sample of those treated and released from acute care emergency departments are obtained through the Injury Surveillance Program at the Massachusetts Department of Public Health. However, these systems fail to capture admissions to acute care hospitals for suicidal behavior which did not result in an injury and do not include information on any suicidal behavior that results in an admission to a psychiatric hospital, to a Veteran's Administration hospital, or to a state facility.

Questions on suicidal behavior are included in the Massachusetts Youth Risk Behavior Survey (MYRBS) (administered by the Massachusetts Department of Education to students in public high schools) but are not included in the Behavioral Risk Factor Surveillance System (BRFSS), administered to Massachusetts' adults by the Massachusetts Department of Public Health. Yet it is middle aged and older adults who are at greatest risk for suicide[4]. Suicide deaths of those under 18 are being reviewed by some county Child Fatality Review Teams, but there is no system in place to review suicide deaths of those over 18. More information on suicide and suicidal behavior among adults could yield important prevention information.

It is critically important to increase surveillance of suicide mortality and morbidity to fully define the scope of the problem and plan for prevention.

[4] Suicide and Self-Inflicted Injury in Massachusetts, 1999-2000, MA Department of Public Health

Objectives

Short Term

1.1 Publish an annual report on suicide and suicidal behavior in Massachusetts, integrating data from multiple state data management systems.

Mid-Term

1.2 Develop and refine a standardized protocol for death scene investigations and implement these protocols.

1.3 Increase the number of state health and safety surveys that include questions on suicidal behavior.

Long Term

1.4 Implement Death Reviews/Follow Back Studies of all suicide deaths.

1.5 Increase the quality and quantity of data on hospitalizations for suicidal behavior in Massachusetts.

1.6 Increase information on suicidal behavior that may not result in a hospitalization.

1.7 Implement a model project that analyzes and links information related to self-destructive behavior derived from separate systems.

Suggested Strategies

Policy: Increase surveillance of suicide deaths and self-inflicted injuries.

Education: Develop training modules that educate acute care emergency department, psychiatric hospital, and EMS systems staff on the importance of collecting suicide-related data, standards of data quality and how to collect data.

Engineering/Environmental: Develop a simple, ongoing and systematic surveillance system for collecting information on suicide attempts and self-inflicted injuries.

Resources: Provide resources for staff surveillance, collaboration with hospitals and EMS and information on other states' experience with surveillance.

Goal # 2 Promote awareness that suicide is a preventable public health problem

Rationale

Most people are not aware that suicide is a leading cause of death nationally and in Massachusetts. Promoting awareness that suicide is a major public health issue has potential for influencing people to be more vigilant for risk factors in themselves and among people they know.

Increased awareness should result in more people providing assistance to at-risk persons and in more people seeking assistance when they are at risk of suicidal behavior. Awareness among policy makers may result in efforts to modify policies and to allocate resources towards suicide prevention efforts.

Objectives

Short Term

2.1: Develop and implement a culturally appropriate public information campaign designed to increase public knowledge of suicide prevention.

2.2: Establish and enhance existing meetings on suicide prevention designed to foster collaboration with stakeholders and the general public on prevention strategies across disciplines.

2.3: Convene forums that reinforce the effectiveness of suicide prevention messages.

2.4: Increase the number of both public and private institutions that are involved in collaborative, complementary dissemination of suicide prevention information on the World Wide Web.

Suggested Strategies

Policy: Collaborate with media outlets to cover topics related to suicide as a public health issue and to assist in educating the public about suicide prevention. Provide information to create legislative awareness through public policy around suicide prevention.

Community Organizing: Promote awareness of suicide as a public health issue in communities and through community-based organizations. Increase participation in the Massachusetts Coalition for Suicide Prevention.

Education: Educate policy makers and the general population about suicide as a public health issue using forums, the media and awareness events. Participate in public events and conferences to disseminate information about the Massachusetts Coalition for Suicide Prevention. Identify organizations that have information on suicide prevention and communicate with them about web content.

Resources: The effort will mainly require in-kind human resources to organize and deliver messages in and to appropriate mediums.

Goal # 3 Develop broad-based support for suicide prevention

Rationale

Since suicide and suicidal behavior are the result of complex, multidimensional biological and psychosocial factors, the prevention of self-violence and suicide will require an ecological, multidisciplinary approach. The Massachusetts Coalition for Suicide Prevention recognizes that no one agency or program alone can reduce the incidence of suicide. It has, therefore, established a broad-based coalition with representation from a wide spectrum of public and private agencies, institutions, and organizations. Similar collaborative efforts will be required at the community and regional levels in Massachusetts.

Suicide prevention strategies at the local, state, and national level will require public/private partnerships. Without these partnerships, efforts will be only marginal in their impact.

One goal of the National Strategy for Suicide Prevention is the development of collective leadership and increasing the diversity of groups working to prevent suicide. This goal applies at the state level, and is a key factor at the community level.

The development of broad-based support for suicide prevention requires ready access to information, research, best practices and program models and literature resources. This includes the identification of multiple sites that can disseminate these resources.

Objectives

Short Term

3.1 Increase participation in the Massachusetts Coalition for Suicide Prevention to include appropriate agencies, organizations, and institutions not yet represented, to help implement the Massachusetts Strategic Plan for Suicide Prevention.

3.2 Encourage agencies and organizations involved in suicide prevention to work within a collaborative framework at the community and/or regional level.

3.3 Increase availability of monographs, periodicals, videos, outreach posters, information pamphlets, etc., on suicide and suicide prevention in the Massachusetts Regional Centers for Healthy Communities.

Mid-Term

3.4 Increase the number of state, professional, voluntary, faith-based and other groups that integrate suicide prevention activities into their ongoing programs and activities.

3.5. Develop and maintain a comprehensive web site on suicide, suicidal ideation and suicide prevention.

Suggested Strategies

Community Organizing: Through the Massachusetts Coalition for Suicide Prevention galvanize support for the State Plan and seek participation of key stakeholders.

Policy: Develop criteria for suicide prevention activities that encourage the development of suicide prevention coalitions at the community and/or regional level.

Education: Reach out to public and private agencies and organizations to promote awareness of suicide prevention and the Massachusetts Strategic Plan for Suicide Prevention and to promote active participation in local and statewide suicide prevention activities.
Convene a "Massachusetts Strategy for Suicide Prevention Funders Forum."

Resources: Utilize the Massachusetts Coalition for Suicide Prevention's existing organizations and materials that address suicide prevention, the Massachusetts Regional Centers for Healthy Communities and other professional and advocacy organizations as resources.

Goal # 4 Develop and implement strategies to reduce the stigma associated with suicide and with being a consumer of mental health, substance abuse and suicide prevention services.

Rationale

Ninety percent of all suicidal behaviors are associated with some form of mental illness and/or substance abuse disorder. An estimated 50 million Americans experience a mental disorder in any given year and only one-fourth of them may actually receive treatment; a significant number who do receive treatment, will be incorrectly diagnosed, receive inappropriate care and/or discontinue treatment against medical advice.

The stigma of mental illness and substance abuse prevents many persons from seeking assistance. Stigma has contributed to the silence and shame associated with mental health problems and suicide. Family members of survivors of suicide attempts often hide the behavior from friends and relatives, believing that it reflects badly on their own relationship with the suicide attempter or that suicidal behavior itself is shameful or sinful. Stigma has contributed to the inadequate funding for preventative services and to low insurance reimbursements for treatments. Stigma has been identified as the most formidable obstacle to future progress in the arena of mental health (U.S. Dept. of Health and Human Services, 1999).

Objectives

Mid-Term

4.1 Increase the proportion of the public that views mental and physical health as equal and inseparable components of overall health.

Long Term

4.2 Increase the proportion of the public that views mental disorders as medical illnesses that respond to specific treatments.

4.3 Increase the proportion of the public that views consumers of mental health, substance abuse and suicide prevention services as pursuing fundamental care and treatment for overall health.

4.4 Increase the proportion of those exhibiting suicidal behaviors, who also have underlying disorders, who receive appropriate mental health treatment.

4.5 Increase the proportion of family members who help survivors of suicide attempts to seek appropriate mental health treatment.

Suggested Strategies

Policy: Encourage statewide professional groups and associations which focus on policy development to address the issue of stigma associated with being a consumer of mental health

and substance abuse prevention services. The groups might include such organizations as mental health, health care, substance abuse, faith communities, public safety, youth, elders, gay, lesbian, transgender persons and others.

Community Organizing: Promote adequate resources and technical assistance for new and existing community-based efforts, especially in helping to reduce the stigma associated with mental illness and suicide.

Education: Promote education (the single most potent strategy in reducing stigma) and efforts to increase the dissemination of educational materials for diverse target populations.

Resources: Promote anti-stigma campaign materials and strategies, including the Massachusetts Department of Mental Health's Anti-Stigma campaign, determine best practices and materials to replicate and integrate with Massachusetts' anti-stigma efforts.

Goal # 5: Develop and implement community-based suicide prevention programs

Rationale

The complex and multidimensional nature of suicide underscores the importance of a multidisciplinary approach to suicide prevention. There is considerable evidence that suicide may be preventable if the risk factors and warning signs are detected early and addressed in a comprehensive manner. Effective suicide prevention requires a broad-based community commitment. Although there is not any one "suicide type," there are known risk factors. To help individuals in need within communities, leaders must mobilize resources, identify risk and protective factors and bring focused attention to the issue of suicide.

Successful suicide prevention and intervention strategy is based on a public health approach. Evidence-based approaches and evaluations are needed as programs are developed. Since the scientific study of suicide prevention is still in its infancy, existing evidence-based strategies must be utilized and new ones tested.

Objectives

Short Term

5.1 Develop and utilize a statewide database of suicide prevention resources.

5.2 Define key outcomes for a suicide prevention training curriculum such as protective and risk factors, resiliency, risky behaviors, identification of problem, crisis intervention for those at risk of suicide or for those displaying suicidal behavior, and postvention (an intervention that occurs after a suicide).

5.3 Conduct training in the area of suicide prevention for community agencies and individuals from a wide variety of populations. Specific populations may include the elderly, adolescents, young and mid-life adults, gay/lesbian/bisexual/transgender individuals, those in the correctional or juvenile justice system or other institutions and immigrants.

5.4 Conduct training for substance abuse prevention program staff around suicide prevention and intervention.

5.5 Develop and pilot protocols and algorithms for first responders and emergency room staff to increase coordination and communication in the aftermath of suicide attempts and suicide deaths, to establish linkages between victims of suicide and suicidal behavior, their caregivers and families and community agencies to ensure follow-up and support.

Mid-Term

5.6 Establish a single number linking existing Massachusetts' crisis lines.

Suggested Strategies

Policy: Implement the Massachusetts Strategic Plan for Suicide Prevention.

Community Organization: Develop support networks for at-risk individuals, survivors of suicide attempts and their families, and implement and evaluate evidence-based suicide prevention interventions at the state and local levels.

Education: Develop training modules to be used with various target populations that include sections for both potential helpers and those in need of services.

Direct Service: Support the identification of prevention interventions and the reduction of barriers to access treatment. Increase the public's awareness of the availability of prevention services.

Resources: Increase access to and availability of community-based suicide prevention programs including counseling, mental health, and substance abuse treatment services.

Goal # 6: Reduce access to lethal means and methods of self-harm

Rationale

Research indicates that some suicides and many non-lethal self-injuries are impulsive responses to acute crises or recent losses. Studies have determined that those who make a significant suicide attempt that does not result in a completed suicide may not pursue more lethal means if it is not available to them. Limiting access to lethal and non-lethal methods of self-harm may be an effective strategy to prevent self-destructive behavior and suicide in such cases.

According to the Massachusetts Department of Public Health, suffocation, firearms and poisonings are the leading methods of suicide in Massachusetts. Firearms and poisonings together made up about 50% of all methods used in Massachusetts suicides between 1996 and 1998. Poisonings constituted 83% of self-inflicted injury hospitalizations in Massachusetts between 1996 and 1998.[5]

Objectives

Mid-Term

6.1 Increase the proportion of physicians, primary care practitioners, mental health clinicians and public safety officials who routinely assess access to lethal means in the home or institutional setting in higher risk situations, e.g. persons with history of depression, persons under arrest or recently incarcerated.

6.2 Increase the proportion of households that have been exposed to public information designed to reduce the accessibility of lethal means in the home.

6.3 Identify locations where architectural modifications may prevent suicide.

Long Term

6.4 Promote safe and secure storage of means used for self-injury to decrease access for persons at risk of self-harm.

6.5 Promote appropriate architectural and engineering standards in the design and building of bridges, buildings and other locations where suicide attempts may occur.

6.6 Establish a system that maps high incident locations of suicide deaths and self-inflicted injuries.

Suggested Strategies

Policy: Support the development of policies that reduce access to lethal means. Work with pharmaceutical companies and firearm manufacturers to encourage research and development of new technologies and appropriate barriers to access. Promote architectural and engineering innovations that create barriers to suicide.

[5] MA Department of Public Health: Suicide and Self-Inflicted Injury in Massachusetts, 1996-1998. May 2001

Community Organizing: Identify and organize community-based organizations to assist with educating professionals, parents, caregivers, and legislators on methods of reducing access to lethal means.

Education: Provide training for health, mental health, and public safety professionals on assessing for access to lethal means among persons at risk for suicidal behavior. Provide education to parents and caregivers regarding risks associated with access to lethal means.

Direct Services: Encourage assessment of access to lethal means by clinicians and other professionals who interact with potentially high-risk individuals.

Engineering/Environmental: Promote architectural and engineering design, pharmaceutical innovations, and other technologies that may reduce the risk of self-injury.

Resources: Promote the development of resources for training, educational, and community organizing endeavors and environmental modifications.

Goal # 7 Implement professional training programs that teach recognizing and intervening with suicidal behavior for those who are in regular contact with persons at risk.

Rationale

There are many different settings where trained personnel can intervene with individuals at risk for self-injury and/or suicide. Research indicates that 45% of those who die by suicide have had some contact with a mental health professional in the year before their death. Elders are at highest risk for completed suicide. In one retrospective study it was learned that 75% of elders who complete suicide visited their primary care physician in the month prior to their death. Trained personnel who regularly come into contact with people at risk for suicide have been called "key gatekeepers" and include teachers, clergy, police, physicians, nurses, therapists and EMT's, to name a few. The environments in which key gatekeepers regularly interact with suicidal persons are varied. Massachusetts is proud of its nationally renowned school systems, higher institutions of learning, top-rated hospitals, as well as its diverse population. There are many places in Massachusetts where we can affect suicide prevention by implementing training programs for key gatekeepers.

Objectives

Short Term

7.1 Implement key gatekeeper suicide prevention training programs in Massachusetts to ensure adequate recognition, assessment, intervention and treatment of suicidal behavior.

Long Term

7.2 Assess current awareness, attitudes and knowledge of Massachusetts's health and human service professionals about suicidal behavior.

7.3 Understand the effect of key gatekeeper suicide prevention training programs on suicide mortality and morbidity in Massachusetts.

Suggested Strategies

Education: Implement training programs in the recognition of and intervention with suicidal behavior across different human services disciplines including medical and mental health, legal services including courts and law enforcement, education system and religious organizations. This training program should focus mostly on the secondary prevention of suicidal behavior but may impact the primary prevention of suicidal behavior over the long term. It should include instruction on identification of a person at risk, appropriate counseling and treatment and on availability of referral services in Massachusetts. Initially, this training program can be incorporated in primary clinical training settings, such as nursing schools, medical and psychiatry residency programs, and social work and psychology practicuum training. A suicide prevention education program can also be incorporated into all primary training programs and continuing education programs for health and human service professionals.

Policy: Promote the implementation of suicide prevention education in primary training programs and in continuing education programs, and encourage all human and health service state licensure programs have a component of suicide prevention education.

Community Organizing: Promote collaboration among the Massachusetts Department of Mental Health, Massachusetts Department of Public Health, the Massachusetts Coalition for Suicide Prevention and other coalitions and organizations that address the mental health needs of the public. Maximize knowledge of currently available training programs for health and human service professionals. Access resources that may have already performed a need-based assessment of the varied disciplines being targeted for our suicide prevention program implementation. This collaboration would also be crucial in the program evaluation component of the plan.

Resources: Encourage coalition building between different groups in Massachusetts that address mental health needs in order to promote information and resource sharing.

Goal # 8 Develop and promote effective clinical practices to reduce suicide morbidity and mortality

Rationale

Nationwide, for every suicide death, there are 5 hospitalizations and 22 emergency department visits for suicidal behavior. Massachusetts has one of the most generous health care access programs in the country, and a relatively higher ratio of hospitals to population than other states. Therefore, our number of hospital visits for suicidal behavior may be even higher than the country overall. The mandate to identify individuals at risk for suicide, to engage them in effective treatment early, and to promote protective factors in suicide prevention, is especially urgent for Massachusetts.

Suicide and self-injury can be prevented by identifying individuals at risk and by engaging them in early and aggressive treatments which are effective in reducing the factors associated with suicidal behavior. Increasing the presence of protective factors for persons at risk can also prevent self-injury.

Professionals in health and mental health care, public health, education and law enforcement may be involved in the identification, referral and treatment of persons at risk. The quality of identification, referral and treatment of high-risk individuals may be improved by the identification and implementation of effective clinical practices.

Objectives

Short Term

8.1 Increase the availability of and access to qualified specialized mental health providers appropriate for the age and culture of those at risk.

8.2 Collaborate with the Massachusetts Department of Mental Health to develop and promote best-practice, evidence-based guidelines on the recognition of suicidal behavior and recommended algorithms for immediate treatment, including an appropriate referral plan.

8.3 Reinforce current guidelines regarding the diagnosis and treatment of patients with mood disorders.

8.4 Reinforce the treatment algorithm for post-trauma patients in emergency departments and recognize that they are at risk for future mental illness and suicidal behavior.

Mid-Term

8.5 Distribute suicide prevention guidelines to emergency departments, primary care, mental health and substance abuse provider practices.

8.6 Include suicide prevention guidelines in standard quality improvement initiatives.

Suggested Strategies

Education: Dissemination of best-practice guidelines in the diagnosis and treatment of suicidal behavior can occur through educational venues in various provider settings. Emergency, primary care, mental health, and substance abuse providers can be the primary targets of this guideline dissemination and implementation, but certainly other professionals who care for suicidal persons should be addressed in the future. Reinforcement of current best-practice guidelines for the treatment of mood disorders should occur largely through provider educational seminars.

Policy: Encourage inclusion of suicide prevention strategies in nationwide quality improvement initiatives such as the Health Plan Employer Data and Information Set (HEDIS) that will ensure that suicide prevention becomes an important quality measure of care.

Resources: Development of clinical guidelines is a broad venture that will likely occur across several academic institutions and different clinical departments. Shared resources allocated towards the goal of suicide prevention guideline development will be a necessary part of this goal.

Community Organizing: Community leaders and advocates can play a crucial role in the development and the dissemination of suicide prevention guidelines.

Goal # 9 Improve access to and community linkages with mental health and substance abuse services

Rationale

Persons with untreated mental health and substance abuse problems are at high risk for suicidal behavior. Access to mental health and substance abuse services is critical. Barriers to access should be reduced and linkages between various community agencies, mental health, and substance abuse treatment programs need to be established. Services must be integrated and coordinated, especially across different funding sources.

Parity legislation has increased access to treatment for many. However, some insurance coverage is still insufficient, and uninsured individuals may still be without care. Scarce resources for inpatient, outpatient and detox programs and trained professionals increase the potential for persons to remain untreated. Barriers remain for many in need, including cultural or spiritual differences, language issues, not knowing when or how to seek care, concerns about confidentiality or discrimination, or geographic inaccessibility. Programs must become more sensitive to issues of discrimination based on age, geography, culture, gender, income, disability and sexual orientation. Intrinsic to many persons in need of mental health and substance abuse services is the inability to reach out for care; it is therefore the responsibility of the community to develop screening and outreach services. Improving access will help ensure that at-risk populations receive the services they need, reducing the potential for resultant suicidal risk behavior.

Objectives

Short Term

9.1 Complete an inventory of resources which support suicide prevention efforts and disseminate it to human service providers and the general public.

Mid-Term

9.2 Define age-specific and culturally appropriate guidelines for mental health and substance abuse screening and referral of at-risk populations, such as youth, adults, postpartum women, the elderly, individuals in adult and juvenile corrections, gay / lesbian / bisexual youth and school and college students.

9.3 Implement screening and referral guidelines in school districts, colleges, senior centers, DYS and other correctional facilities, senior centers and other programs serving those at-risk.

Long Term

9.4 Increase the number of outreach programs for at-risk populations that incorporate mental health services/substance abuse and suicide prevention.

9.5 Develop effective comprehensive support programs for families affected by suicide, including follow-up treatment, support programs and other services.

9.6 Increase the number of seamless community-based mental health and substance abuse treatment services.

Suggested Strategies

Policy: Address barriers to mental health and substance abuse services, including access to insurance and parity for covering persons employed by companies that self-insure and others not covered. For those covered by public insurance, address gaps in covered treatment services.

Community Organizing: Increase community awareness of suicidal behavior and increase availability of culturally competent and linguistically accessible outreach services.

Education: Increase awareness of particularly vulnerable populations such as college students and the elderly. Develop screening tools and linkages with crisis intervention and treatment services.

Direct Services: Work with the Division of Medical Assistance (DMA) to coordinate access to the Massachusetts Behavioral Health Partnership (MBHP) and the Division's other contracted behavioral health managed care organizations for the purpose of including suicide prevention and counseling services within their respective menus of reimbursable services. Develop and implement standard best-practices protocols for effective response to and treatment of individuals at-risk for suicide or who experience suicidal behavior.

Resources: Promote access to community-based clinics, school-based clinics, community crisis response teams, health and mental health professionals, crisis hotlines and parity health insurance.

Goal # 10 Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media

Rationale

The media (film, television, radio, newspapers, magazines and the internet) has a powerful impact on our lives and influences the opinions of policy-makers and the public. This makes the media a critical partner in health promotion and prevention. While stories about suicide in the media have the potential to do harm, these stories also present opportunities to inform the public about the causes and warning signs of suicidal behavior and recent treatment advances. Rarely, however, is there a depiction of the suffering and trauma endured by the families, friends and co-workers bereaved by suicide. As a result the general public is unaware of the full scope of suicide as a public health problem. The Centers for Disease Control (CDC) in collaboration with other national and international organizations has developed guidelines for reporting on suicide. However, many media outlets are not aware of these guidelines. Further efforts are needed to raise the awareness of suicide, to promote prevention of suicide and to engage the media as a partner in prevention.

Objectives

Short Term

10.1 Create a forum to connect Massachusetts' media with suicide prevention experts.

10.2 Increase utilization of recommended CDC guidelines on reporting on suicide by the media in Massachusetts.

Long Term

10.3 Increase the proportion of Massachusetts academic journalism programs that include in their curricula guidance on the appropriate portrayal and reporting of mental illness, suicide and suicidal behaviors.

Suggested Strategies

Policy: Share the CDC media guidelines for reporting on suicide with all media covering suicide-related news events.

Community Organizing: Establish collaborative networks with local media and academic journalism programs.

Education: Educate media professionals on the revised media guidelines.

Resources: The revised guidelines for reporting on suicide, local media contacts, academic programs in journalism, local experts on suicide and suicide prevention.

Goal # 11 Promote and support research and evaluation of suicide prevention programs

Rationale

Suicide prevention is a relatively new field with a limited science base. Few suicide prevention programs have been evaluated, and few resources are available to help community-based programs evaluate their efforts.

While this requires us to proceed cautiously with our prevention efforts, we must still proceed. There are lessons applicable to suicide prevention from over 20 years of substance abuse prevention research and from the growing evidence base on preventing youth violence.

Suicide prevention efforts at the state, community and individual program level can be strengthened by promoting research-based strategies, using research in program planning and development, obtaining input from survivors of suicide attempts and from families bereaved by suicide and, by including an evaluation component for each program and intervention. There is a need for much more training in evaluating suicide prevention. Few community-based programs have the knowledge, skills or resources to conduct an evaluation.

Objectives

Short Term

11.1 Promote ongoing dissemination of science-based suicide prevention models and use of research-based strategies for suicide prevention.

11.2 Promote the evaluation of suicide prevention activities.

11.3 Increase the percentage of suicide prevention programs that conduct program-specific research, and/or participate in research and evaluation efforts of others.

Mid-Term

11.4 Establish and maintain a current directory of suicide prevention activities with demonstrated effectiveness.

Suggested Strategies

Policy: Encourage suicide prevention programs to include an evaluation component.

Community Organizing: Encourage all Massachusetts suicide prevention programs to participate in the Massachusetts Coalition for Suicide Prevention and share successful models and strategies.

Education: Educate key stakeholders on evidence-based strategies for suicide prevention. Include materials on science-based suicide prevention in the Massachusetts Regional Centers for Healthy Communities Library system.

Engineering/Environmental: Create an environment that supports participation in research related to suicide prevention.

Resources: Promote awareness of existing national and state research on suicide and suicide prevention and funding for suicide prevention.